



PRIVATE SANITARY SEWERS ANNUAL REPORT FORM

PSO No.:	Property Folio Number:	Class:
Facility Name:		
Facility Address:		

I. SYSTEM DESCRIPTION

A. Contact Information.

Contact person at facility:	Phone:	Ext:
Emergency / Night Contact:	Phone (24 hr.):	

B. Type of Use.

Office / Retail / Warehouse	Manufacturing	Residential	Other
Business Hours: _____ hours per day _____ days per week Other: _____			

C. Pump Station(s), if present. Check if changed since last year ☐

PUMP DESCRIPTION	PUMP TYPE	PUMP CAPACITY (GPM)
PUMP # 1		
PUMP # 2		

Note: 1. If more than one (1) pump station within the facility, attach table with additional information.
2. Refer to *Operations and Maintenance (O&M) Manual* for pump information.

II. RECORDS

A. If there have been any changes in the collection system during the last year, attach current Sanitary Sewer Collection System Drawing or Plumbing Plan (outside buildings only).

Copy attached: Yes _____ No _____

B. Has the Sanitary Sewer System within the property/facility been evaluated for a future rehabilitation work?

Yes _____ No _____
If yes, provide schedule and scope of work. If necessary, use a separate sheet of paper

C. Has any rehabilitation work been completed within the past year, to correct Infiltration / Exfiltration / Inflow within the property?

Yes _____ No _____ If yes, provide scope of work. If necessary, use a separate sheet of paper

D. Nuisance problems.

Has the property/facility experienced any sewer overflows and/or sewer back-ups, etc., within the last 12 months?
Yes _____ No _____ If yes, explain. If necessary, use a separate sheet of paper

E. Operations & Maintenance Manual Approved by DERM?

Yes _____ No _____ If yes, indicate location of manual: _____

F. Is there a LOG BOOK, for recording ALL ACTIVITIES at the Private Sanitary Sewer System, available on-site? No _____ Yes _____ If Yes, indicate the location of the Log Book:

(CONTACT DERM - PSO PROGRAM IF YOU NEED CLARIFICATION ABOUT THE LOG BOOK)

Table 1 Collection System Parameters

	4 in.	6 in.	8 in.	10 in.	12 in.	>12 in.	# of Sanitary Manholes	Pump Station(s)
Previously Reported to DERM (ft.)								

Note: If the information previously reported is still correct, do not make changes / corrections.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervisions in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Rep., Owner, or Corporate Official Print Name Date